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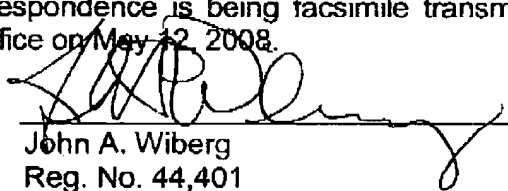
matter: 13445US02

fax number: (571) 273-8300

number of pages including cover page: 30

notes/comments:

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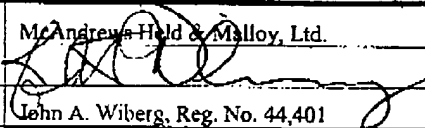
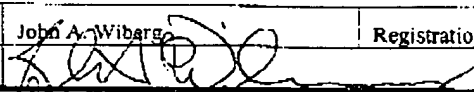
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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/765,014
		Filing Date	January 17, 2001
		First Named Inventor	Oscar Agazzi
		Art Unit	2613
		Examiner Name	David S. Kim
Total Number of Pages in This Submission	29	Attorney Docket Number	13445US02
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	John A. Wiberg, Reg. No. 44,401		
Date	May 12, 2008		
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Name (Print/type)	John A. Wiberg	Registration No. (Attorney/Agent)	44,401
Signature		Date	May 12, 2008

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FROM McANDREWS, HELD, & MALLOY

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Effective on 09/30/2007 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/765,014
TOTAL AMOUNT OF PAYMENT (\$) 970		Filing Date	January 17, 2001
		First Named Inventor	Oscar Agazzi
		Examiner Name	David S. Kim
		Art Unit	2613
		Attorney/Docket No.	13445US02

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims _____ Extra Claims _____ Fee(\$) _____ Fee Paid (\$) _____ -20 or HP x _____ = _____ HP = highest number of total claims paid for, if greater than 20	Multiple Dependent Claims Fee _____ Fee Paid (\$) _____
Indep. Claims _____ Extra Claims _____ Fee(\$) _____ Fee Paid (\$) _____ -3 or HP x _____ = _____ HP = highest number of independent claims paid for, if greater than 3	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(a)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100	_____ /50	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Appeal Brief (\$510) and Petition for 2-Month Extension of Time (\$460)</u>	970

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,401
Name (print/type)	John A. Wiberg	Telephone	(312) 775-8000
		Date	May 12, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FROM McANDREWS, HELD, & MALLOY

MAY 12 2008 (MAY 12 '08) 19:08/ST. 19:07/NO. 4861050452 P. 6

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Effective on 09/30/2007 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2008</h3>		Complete if Known	
		Application Number	09/765,014
		Filing Date	January 17, 2001
		First Named Inventor	Oscar Agazzi
		Examiner Name	David S. Kim
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2813
TOTAL AMOUNT OF PAYMENT (\$)	970	Attorney Docket No.	13446US02

METHOD OF PAYMENT (check all that apply)

☐ Check
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 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 13-0017
 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below
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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
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Provisional	210	105	0	0	0	0	

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Multiple dependent claims	370	185	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	x	=	
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	x	=	
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)		Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): <u>Appeal Brief (\$510) and Petition for 2-Month Extension of Time (\$460)</u>		970

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,401	Telephone	(312) 775-8000
Name (print/type)	John A. Wiberg	Date	May 12, 2008		

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